

**GUIDELINES FOR THE EVALUATION OF
POSTGRADUATE TRAINEES
OF THE FACULTY OF MEDICINE
AT THE UNIVERSITY OF TORONTO**

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1. INTRODUCTION

These Guidelines for the Evaluation of Postgraduate Trainees at the Faculty of Medicine at the University of Toronto (the “Guidelines”) contain the rules governing the evaluation and promotion of all residents in postgraduate training programs at the University of Toronto. For the purposes of this document, a resident is a physician registered in a program subject to accreditation by the RCPSC or CFPC. It is the responsibility of each resident to read the Guidelines and to be familiar with their content.

The Guidelines have been developed to be in compliance with the accreditation standards of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. The Guidelines are also designed to be consistent with the following University of Toronto academic policies, and policies of the following medical organizations:

- (a) the University of Toronto Grading Practices Policy;
- (b) the University of Toronto Code of Behaviour on Academic Matters;
- (c) the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students; and
- (d) the University of Toronto Code of Student Conduct
- (e) the College of Physicians and Surgeons of Ontario Policy on Professional Responsibilities in Postgraduate Medical Education; and
- (f) the Canadian Medical Association Code of Ethics

The Guidelines set out the procedures for the assessment of Trainees (as defined below). The Guidelines also establish the processes for remediation when a Trainee has failed to meet the performance standards of the Residency Program (as defined below), or where a problem in respect of the behaviour or performance of a Trainee has been identified.

In these guidelines the word “must” is used to denote something necessary, and the word “should” is used to denote something highly desirable.

2. DEFINITIONS

The following definitions are used in this document:

- 2.1 “Board of Examiners – PG” means the Board of Examiners – Postgraduate Programs, which is the committee of the University Faculty Council responsible as set out in the Terms of Reference by Faculty Council.
- 2.2 “CFPC” means the College of Family Physicians of Canada.
- 2.3 “CPSO” means the College of Physicians and Surgeons of Ontario.
- 2.4 “Dean” means the Dean of the Faculty of Medicine of the University.
- 2.5 “Dismissal” shall have the meaning set out in 7.1.
- 2.6 “End of Rotation Evaluation” shall have the meaning set out in 4.5.
- 2.7 “Final Assessment” see definition for “End of Rotation Evaluation”
- 2.8 “Standards of Accreditation” means the standards of accreditation of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, as applicable.
- 2.9 “Head of Department” means administrative head of the University department.
- 2.10 “Improper Conduct” shall have the meaning set out in 6.2.
- 2.11 “ITER” means in-training evaluation report.
- 2.12 “Mid-way Evaluation” shall have the meaning set out in 4.4.
- 2.13 “PGMEAC” means the Post-Graduate Medical Education Advisory Committee, which is the committee which, as stated in the Standards of Accreditation, is responsible for the development and review of all aspects of postgraduate medical education within the Faculty. The PGMEAC is chaired by the Vice Dean.
- 2.14 “Probation” shall have the meaning set out in 5.11.
- 2.15 “Program Director” is the officer responsible for the overall conduct of the integrated residency program in a discipline, and responsible to the head of the department concerned and to the Vice Dean.
- 2.16 “RCPSC” means the Royal College of Physicians and Surgeons of Canada.

- 2.17 “Remedial Period” means any of Remediation, Remediation with Probation, and Probation, all as defined in the Guidelines.
- 2.18 “Remedial Plan” shall have the meaning set out in 5.5.
- 2.19 “Remediation” shall have the meaning set out in 5.9.
- 2.20 “Remediation with Probation” shall have the meaning set out in 5.10.
- 2.21 “Residency Program” means a RCPS C or CFPC postgraduate medical training program;
- 2.22 “RPC” means the Residency Program Committee is the committee that assists the Program Director in the planning, organization, and supervision of the residency training program, (and) must include representation from the trainees in the program.
- 2.23 “Signature” means actual signature or electronic acknowledgement.
- 2.24 “Supervisor” means a staff physician directly responsible for a period or segment of the Trainee's professional training, teaching and instruction.
- 2.25 “Suspension” shall have the meaning set out in 6.1.
- 2.26 “Postgraduate Trainee/ Resident” means a physician registered in a training program accredited by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who is registered in the Faculty of Medicine of the University.
- 2.27 “University” means the University of Toronto.
- 2.28 “Vice Dean” means the Vice Dean of Postgraduate Medical Education of the Faculty of Medicine of the University.

3. PGMEAC – MAINTAINING STANDARDS OF EVALUATION

3.1 It is the responsibility of the PGMEAC to establish standards for the evaluation, promotion, and dismissal of Trainees in all Residency Programs by:

- 3.1.1 Reviewing the evaluation process of each Residency Program on a periodic basis;
- 3.1.2 Ensuring that evaluation processes and practices are consistent with the Guidelines, and the minimum standards set by the University and related professional organizations, including the CPSO, CFPC and RCPSC;
- 3.1.3 Ensuring that clinical and field supervisors, as well as trainees, are properly informed about evaluation and related processes as required by the University Grading Practices Policy; and
- 3.1.4 Responding appropriately to the annual report of the Board of Examiners – PG.

4. TRAINEE EVALUATION

4.1 Evaluation: Mid-way and Final Assessment

As students of the University and trainees in either an RCPSC or CFPC Residency Program, Trainees are routinely evaluated on an ongoing basis, both formally and informally. This evaluation may be formative or summative. This evaluation must be conducted in accordance with the policies of the University, the RCPSC, and the CFPC.

The University Grading Practices Policy provides at section II.4:

“Divisions may make reasonable exemptions to the classroom procedures... in circumstances such as field or clinical courses where adherence to these procedures is not possible. Nevertheless, it is obligatory that the assessment of the performance of students in clinical or field settings should be fair, humane, valid, reliable, and in accordance with the principles enunciated in the University Grading Practices Policy. Accordingly, where a student's performance in a clinical or field setting is to be assessed for credit, the evaluation must encompass as a minimum:

- (a) a formal statement describing the evaluation process, including the criteria to be used in assessing the performance of students and the appeal mechanisms available. This statement should be available to all students before or at the beginning of the clinical or field experience;

- (b) a mid-way performance evaluation with feedback to the student;
- (c) written documentation of the final assessment.

In addition, for such clinical and field experiences, divisions must ensure that:

- (d) clinical and field assessors are fully informed regarding University, divisional and course policies concerning evaluation procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.

The minimum standards set by the University Grading Practices Policy for Clinical and Field Settings include a Mid-way Evaluation and a written Final Assessment. In this document, the term End of Rotation Evaluation is used to refer to the Final Assessment under the University Policy.

4.2 Evaluation: the ITER

4.2.1 Purpose

The ITER form to be used by a Residency Program should be designed or adopted by the RPC of that program. The purpose of the ITER is as follows:

- 4.2.1.1 to provide a framework for the assessment of the Trainee's knowledge, skills and attitudes by a Supervisor;
- 4.2.1.2 to facilitate feedback to the Trainee by a Supervisor or the Program Director;
- 4.2.1.3 to serve as a record of the strengths and weaknesses of the Trainee for the Program Director;
- 4.2.1.4 to enable the Program Director to assist future Supervisors in ongoing supervision;
- 4.2.1.5 to assist the Program Director in providing a final in-training evaluation of the Trainee for the RCPSC, the CFPC, or the CPSO; and
- 4.2.1.6 to establish the basis for progress and promotion.

4.2.2 Marking

- 4.2.2.1 The ITER must contain or be accompanied by guidelines for the rating scale to assist the Supervisor(s) in marking individual evaluation items and should relate to level-specific learning goals and objectives. Comments should be made on any specific areas of performance which contribute significantly to the evaluation, especially in areas of weakness.
- 4.2.2.2 For the purpose of completing the ITER, appropriate medical and non-medical personnel should be consulted about the Trainee's performance.

4.3 Evaluation: Process

- 4.3.1 As required by the University Grading Practices Policy, a Trainee must be provided with:
 - 4.3.1.1 a copy of Residency Program Goals and Objectives
 - 4.3.1.2 a statement describing the evaluation process used by the particular Residency Program;
 - 4.3.1.3 a copy of the ITER form; and
 - 4.3.1.4 a copy of these Guidelines.
- 4.3.2 During a Residency Program, Supervisor s should make every effort to provide ongoing, informal, verbal feedback to all Trainees, in addition to the formal feedback and evaluation required by the Guidelines.
- 4.3.3 If a problem is identified at any point during the rotation, a Supervisor must bring this problem to the attention of the Trainee promptly. This must be documented by the Supervisor.

4.4 Mid-way Evaluation

- 4.4.1 At the midpoint of any rotation of 6 weeks or longer, a Supervisor should provide the Trainee with a Mid-way Evaluation, orally or in writing. The Supervisor should meet with the Trainee to discuss the Trainee's progress to date, identifying any specific strengths or weaknesses.
- 4.4.2 The Mid-way Evaluation should serve as an opportunity for discussion and feedback about the Trainee's performance. The ITER form should be used as a guide for the Mid-way Evaluation, but it does not need to be completed. If the ITER is completed as part of the Mid-way Evaluation, this ITER will be treated in a manner consistent with the treatment of ITERs completed as part of a Final Assessment.

4.5 End of Rotation Evaluation

- 4.5.1 At the end of each rotation, and at least every 180 days, an End of Rotation Evaluation, in the form of a written evaluation must be completed, using the ITER form, by the Supervisor(s), or by the Program Director or delegate. The End of Rotation Evaluation should outline the progress that has been made by the Trainee in addressing any problems identified at the Mid-way Evaluation. A Supervisor, or the Program Director, must discuss the written evaluation with the Trainee. This discussion should occur in a timely fashion, preferably in person and preferably before the end of the rotation or as soon thereafter as possible.
- 4.5.2 The Trainee must be asked to provide their signature on the ITER to confirm that it has been seen and discussed with the Supervisor or Program Director. This confirmation does not signify that the Trainee agrees with the evaluation. Failure of the Trainee to sign the form does not invalidate the evaluation. The Trainee should be given a reasonable period of time in which to consider the evaluation and be encouraged to provide comments regarding this evaluation in a space provided. If subsequent comments are added by the Supervisor, they must be shared and discussed. A copy of the evaluation must be provided to the Trainee upon request.
- 4.5.3 An ITER is a confidential document and must only be disclosed as strictly necessary. A Trainee's ITER must only be provided to the Trainee, to the Trainee's Supervisor, to the Program Director and RPC, and where appropriate, the Vice Dean, the Board of Examiners – PG and any Faculty or appeal committee considering the Trainee's performance.

5. REMEDIAL PERIODS

- 5.1 If an End of Rotation Evaluation is below the standards expected for the level of training of the Trainee, the RPC must decide whether to recommend that the Trainee be required to enter one of the following Remedial Periods:
- 5.1.1 Remediation;
 - 5.1.2 Remediation with Probation; or
 - 5.1.3 Probation.
- 5.2 These Remedial Periods are intended to deal with problems which are not expected to be readily corrected in the normal course of the Residency Program
- 5.3 Any recommendation of a Remedial Period must be subject to the approval of the Board of Examiners – PG. Prior to consideration by the Board of Examiners

- PG, the Trainee must be given the opportunity to meet with the RPC to discuss the recommendation.
- 5.4 Where a Remedial Period is being considered, for the purposes of presenting to the Board of Examiners – PG, the Program Director, in consultation with the RPC, must develop a written Remedial Plan for the Trainee.
- 5.5 The written Remedial Plan should:
- 5.5.1 Include Trainee background Information;
 - 5.5.2 Identify the aspects of the Trainee’s performance or behaviour that require remedial attention;
 - 5.5.3 Describe the proposed remedial education and the resources available to the Trainee;
 - 5.5.4 State the specific duration of Remedial Period;
 - 5.5.5 Define the expected outcomes of the Remedial Period and how they will be evaluated; and,
 - 5.5.6 State the consequences of a successful or unsuccessful outcome of the Remedial Period.
- 5.6 The Trainee should have input into the Remedial Plan through interaction with the Program Director and must be provided with a copy of the Remedial Plan.
- 5.7 If the Trainee indicates acceptance of Remedial Plan the Trainee may commence the Remedial Period prior to the approval of the Board of Examiners – PG. If the Trainee does not accept the recommendation, the Remedial Period may not commence until it is approved by the Board of Examiners – PG.
- 5.8 At the end of a Remedial Period, the Program Director, on the basis of the final evaluation and on the advice of the RPC, must inform the Trainee and the Board of Examiners – PG of the outcome, which may be that:
- 5.8.1 The Remedial Period has been successful and the Trainee will continue in the Residency Program at a level determined by the Program Director, on the advice of the RPC; or,
 - 5.8.2 If the remedial period has been unsuccessful, the Program Director, on the advice of the RPC, may recommend outcomes as outlined in 5.9, 5.10, and 5.11.

5.9 Remedial Period: Remediation

5.9.1 Remediation is a formal program of individualized training aimed at assisting a Trainee to correct identified weaknesses, where it is anticipated those weaknesses can be successfully addressed to allow the Trainee to meet the standards of training.

5.9.2 Where the Remediation is unsuccessful, the RPC may recommend to the Board of Examiners – PG that the Trainee enter a further period of Remediation or Remediation with Probation.

5.10 Remedial Period: Remediation with Probation

5.10.1 Remediation with Probation is a Remedial Period similar to Remediation, but provides that if the outcome of Remediation with Probation is unsuccessful, the Trainee may be dismissed.

5.10.2 Remediation with Probation may be recommended and approved:

5.10.2.1 after an unsuccessful Remediation; or

5.10.2.2 following an End of Rotation Evaluation, where the Trainee's overall performance or the performance in a critical area is sufficiently below expectations that there is serious concern about the Trainee's ability to meet the Residency Program's required standards within a reasonable time.

5.10.3 Where the Remediation with Probation has been successful, the Trainee may continue in the regular Residency Program at an appropriate level, as determined by the Program Director on the advice of the RPC.

5.10.4 Where the Remediation with Probation has been only partially successful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee enter a further Remedial Period

5.10.5 Where the Remediation with Probation has been unsuccessful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee be dismissed from the Residency Program.

5.11 Remedial Period: Probation

5.11.1 A Trainee will be placed on Probation in circumstances where the Trainee is expected to correct identified serious problems which are not subject to usual remedial training including, but not limited to, attitudinal deficiencies,

behavioural disorders or chemical dependence, which are assessed to jeopardize successful completion of the Residency Program.

5.11.2 The Program Director, on the advice of the RPC, may recommend that a Trainee be placed on Probation. The Probation itself may not be able to provide the intervention required to address the identified serious problems, but may permit assessment of any further intervention required, if appropriate.

5.11.3 Where the Probation has been successful and the problem identified has been corrected the Trainee may continue in the regular Residency Program at an appropriate level, as determined by the Program Director, on the advice of the RPC:

5.11.4 Where the Probation has been only partially successful, the Program Director, on the advice of the RPC may recommend to the Board of Examiners – PG that the Trainee is required to enter another period of Probation.

5.11.5 Where the Probation has been unsuccessful the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee be dismissed from the Residency Program.

6. SUSPENSION

6.1 Suspension is the temporary interruption of a Trainee's participation in the Residency Program, and includes the interruption of clinical and educational activities.

6.2 Improper Conduct

Because they are both physicians and students of the University, the conduct of the Trainees is governed by the policies of professional bodies, such as the CPSO, the Canadian Medical Association (Code of Ethics) and others, and by policies of the Faculty of Medicine, including the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students, and of the University of Toronto, including the University of Toronto Code of Behaviour on Academic Matters and the University of Toronto Code of Student Conduct. Violation of any of these standards or policies may constitute improper conduct.

6.3 Suspension from the Training Program

A Program Director may, pending consideration by the Board of Examiners - PG, and after consultation with the Vice Dean, suspend a Trainee for Improper Conduct if the conduct is of such a nature that the continued presence of the Trainee in the clinical setting would pose a threat to the safety of persons (i.e.

patients, staff and students, or the public that uses the clinical setting), or to the academic function of the training program or the ability of other trainees to continue their program of study. The Trainee, as well as the Head of the Department and the Vice Dean, must be notified in writing of a Suspension, and the notification must include the reasons for and duration of the Suspension. The trainee will continue to be paid during the Suspension, pending formal review, but may be denied access to hospitals and other clinical or laboratory facilities.

6.4 Evaluation Following Suspension

A decision to suspend a Trainee must be reviewed by the RPC and followed by either full reinstatement or any of the processes described in sections 5 and 7, subject to approval by the Board of Examiners – PG.

7. DISMISSAL

7.1 Dismissal of a Trainee involves the termination of the Trainee from the Residency Program. Dismissal may occur:

- 7.1.1 following an unsuccessful Remediation with Probation;
- 7.1.2 following an unsuccessful Probation;
- 7.1.3 following Suspension; or
- 7.1.4 for Improper Conduct.

7.2 The recommendation to dismiss a Trainee may be made by the Program Director on the advice of the RPC to the Board of Examiners – PG. The Trainee must be informed of the decision in writing. The written statement must include the reason(s) for dismissal.

8. DECISIONS OF THE BOARD OF EXAMINERS – PG

8.1 All decisions of the Board of Examiners – PG must be communicated in writing by the Chair to the Vice Dean and copied to the Program Director and the Trainee.

8.2 The Trainee's copy of the decision should include a copy of the procedures of the Faculty of Medicine Appeals Committee.

9. APPEALS

9.1 A Trainee may appeal a decision of the Board of Examiners – PG.

- 9.2 If the Trainee wishes to appeal the decision of the Board of Examiners – PG, notice should be given in writing, within 30 business days, to the Faculty Secretary. Appeals will be heard by the Faculty of Medicine Appeals Committee following the procedures of that Committee.

10. FINAL EVALUATION

When a Trainee is assessed by the RPC at the end of the Residency Program as having met the prerequisites for certification by the RCPSC or the CFPC, the Vice Dean will notify the RCPSC or the CFPC of this in the required manner.